

INSTITUTIONAL RECOMMENDATION

B-2

for IDAHO PROFESSIONAL EDUCATION CREDENTIALS

(for applicants of Basic Education, Special Education, Blended, and Pupil Personnel Services Certificates)

Instructions for Applicants

Either this form or the institution's own recommendation form may be used by the Director of Teacher Education or the college official responsible for teacher certification to verify the completion of a State Board of Education approved program of teacher preparation. It is the responsibility of the applicant to have the institutional recommendation completed. Verification of completion of a State Board of Education approved program of teacher preparation is required to support the application for an Idaho credential.

1. To be completed by the applicant OR the college/university official responsible for program verification:

Applicant's Name (last name, first name)	Initial	Maiden Name	Dates of Attendance from to	Social Security #
Current Personal Street Address	City		State	Zip

Items 2, 3, and 4 are to be completed by the college or university official responsible for program verification.

2. Program Information:

Please check the appropriate areas to indicate completion of an approved program in:

☐ I. EARLY CHILDHOOD/EARLY CHILDHOOD SPECIAL EDUCATION BLENDED (Birth thru Grade 3)

☐ II. ELEMENTARY EDUCATION:

Student teaching done in grade(s) _____

☐ III. SECONDARY EDUCATION:

Student teaching done in grade(s) _____

Minor teaching endorsement(s) _____

Major teaching endorsement(s) _____

☐ IV. SPECIAL EDUCATION: (check the appropriate blank listed below. MUST be a 30 semester credit program.)

<input type="checkbox"/> Generalist	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Seriously Emotionally Disturbed
<input type="checkbox"/> Severe Retardation	<input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Multiple Disabilities	

☐ V. PUPIL PERSONNEL SERVICES: (check the appropriate endorsement area(s) listed below)

<input type="checkbox"/> School Guidance/Counseling	(with 700 clock hour supervised field experience, one half of which must be in K-12 setting)
<input type="checkbox"/> School Social Work	<input type="checkbox"/> Communications Disorders (Speech Pathology & Audiology)
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Audiology

3. Idaho mandated assessment assurances (for Idaho graduates only):

(place Y or N in the blank)

_____ has passed the approved Idaho reading assessment _____ has passed an approved Idaho technology assessment

4. PRAXIS II assessment(s) taken by applicant:

name of the test(s) taken	test number(s)	test score(s)
	#	
	#	
	#	

5. Program completion information:

Program completion date: ____/____/____

The above named applicant is recommended for certification in the area(s) checked (in #2).

(Note: This form should be submitted when the applicant has completed ALL program requirements.)

Name of college/university	Date
Signature of the college/university official	Title
	State

PLEASE RETURN COMPLETED FORM TO THE APPLICANT FOR INCLUSION WITH THEIR APPLICATION.

revised 11/04